| MALE White a mindred of work done of work do | N | AIS: | | | | | ION OF HEALTH - STANDARD CERTIFICATE OF DEATH -63-015761 |
|--|------------------------------|----------|----------|----------|----------|------------|--|
| VS 309 VS 309 VS 309 See A 509 Level 1 for souther compared famine, and Townshirth only) Level 1 for souther compared famine, and Townshirth only) Level 1 for south of responsibility only 1 for south of responsibility on | DEP. | ART | MEN | TO | FPU | | STATE FILE NUMBER |
| PART COUNTY Country | DO NOT WRITE ON THIS STUB | | AM | ENDE | D | FÏ | LED MAY 13 1962 |
| BRV. 4/30 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | 1. | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before |
| Control Cont | | 6 | 3 | | | | GRUNDY MO GRUNDY |
| NOSPITAL OR No BE NOSPITAL OR NO BE NO SE | Rev. 4/59 | | 9 | | | | D. Cits (it doubles corporate limits, give love worth only) Length of stay in 10 C. Cits |
| NOSPITAL OR No BE NOSPITAL OR NO BE NO SE | ا ا | | <u> </u> | | | | TOWN MADISON TWP. A few hours TOWN TRENTON Yes. B-No |
| 2 0405 2 3 NAME OF DECEASED First Middle Last No. 182 5 E. 9 4 Ven C No. 184 Control of the Control of Contro | 0460. | l du | u | . - | · [– | | c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET ADDRESS (If cutside, give location) Reside on Farm |
| 3 3 4 60 5 5 7 7 7 7 7 7 7 7 | 20405 | I 1⊩ | 5 | | | Ī | INSTITUTION A FARM I MADISON TWP. YOS NO IF 1825 E. 9 Th. Yes No IF |
| 5. SEX ALC GOLDS OR RACE Mark Golds or Race Married Nover Married Golds Married Golds Married Golds Married Golds Married Golds Married Golds Golds Golds Married Golds Golds | | | 7 | \sqcap | 7 | ä | (Type or print) |
| 5. SEX A COLOR OF RACE 7. Married BY Neet Medical Discreted Discrete Discreted Discreted Discreted Discreted Discrete Discreted Discreted Discrete | | | | | | | Charles TACK HOOVER DEATH May 6, 1963 |
| 102 SALE OF PEAR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal pear of singly in PART II. II deceased was famale with there is prepared; in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal pear of singly in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal pear of singly in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal pear of singly in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal pear of singly in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal pear of singly in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal pear of singly in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal pear of singly in PART III. If deceased was famale we there is prepared to the terminal pear of singly in PART III. If deceased was famale we there is prepared to the terminal pear of singly in PART III. If deceased was famale we there is prepared to the terminal pear of singly in PART III. If deceased was famale we there is prepared to the terminal pear of singly in PART III. If deceased was famale we there is prepared to the terminal pear of singly in PART III. If deceased was famale we there is prepared to the terminal pear of singly in PART III. If deceased was famale we there is prepared to the terminal pear of singly in PART III. If deceased was famale we there is not below the single was prepared to the terminal pear of single in the part of si | 4 0 | , | c | | | - 5 | . SEX 6. COLOR OR RACE 7. Married 1 Never Married 1 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR 1F UNDER 24 HR |
| 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 5] | | | | | | MAIR White 16/22 1/906 56 |
| The state of the underly life with | | | | $ \ $ | | 10 | a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY |
| 8 2 9974X 9974X 10 10 10 10 10 10 10 10 10 1 | - 1 | إۆ∣ | | | | | ATTORNEY LEGAL DROOKVILLE, MAN. U.J.T. |
| 13. WAS DECASED EVER IN U.S. ALMED FORCES (Yes, p. p. or unknown) (If yes, p. p. p. p. c. dates of service) (Yes, p. p. p. c. dates of beat Was Cause per line) (Yes, p. p. p. c. dates of beat Was Cause per line) (Yes, p. p. p. c. dates of beat Was Cause per line) (Yes, p. p. p. c. dates of beat Was Cause per line) (Yes, p. p. p. c. dates of beat Was Cause per line) (Yes, p. | 7 🖋 | 띩 | | | | -13 | and the state of t |
| 10 10 10 10 10 10 10 10 | 8 6 | | | | | | |
| 10 12 98 - 3 13 - O | | AS | | | ľ |) 5 (Y: | es, pp, or unknown) [(If yes, give war or dates of service) Address |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hanging by rope around neck Condition, if any which gave rise to above cause (b), which gave rise to above cause (b), stein ghe under lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal plant there a prepaningly in the part in the p | 9974X | W | | | | _ | 18 CAUSE OF DEATH (Forer only one cause per line) |
| The standard of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from May 7, 1963 and lest sew him live on XXXXXXX Some time of the decased from XXXXXXX Some time of | | | | | Z | | Unnation by mone analysis most |
| Conditions, if any, which gave rise to below cause "(6b), stating the underlying cause are program; (16b), stating the underlying cause | 11 | 2 2 | 5 | | S | | IMMEDIATE CAUSE (a) TRANSLINE DY L'ODE RIOUNG NECK |
| Which gave rise follows leat. Our part in other services follows leat. Our part in other services l | | | | | ပြွ | | |
| NOT WHILE AT WORK 200- PLACE OF INJURY (c.g., in or about home, p.m. 201- CITY, TOWN, OR LOCATION 201- DATE 201- ADDRESS 202- ADDRE | 12/6// 201 | S | <u> </u> | | | | which gave rise to |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II. If decased was female withers a pregnancy in last 90 day performancy. In last 90 day performancy in last 90 day performancy in last 90 day performancy. 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, p.m., p.m. 20d. INJURY OCCURRED. 20s. TIME OF INJURY (e.g., in or about home, farm, factory, street, office bldg., erc.) 20d. INJURY OCCURRED. 20s. TIME OF INJURY (e.g., in or about home, farm, factory, street, office bldg., erc.) 20d. INJURY OCCURRED. 20s. TIME OF INJURY (e.g., in or about home, farm, factory, street, office bldg., erc.) 20d. INJURY OCCURRED. 20s. TIME OF INJURY (e.g., in or about home, farm, factory, street, office bldg., erc.) 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED. 20s. TIME OF INJURY (e.g., in or about home, farm, factory, street, office bldg., erc.) 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED. 20s. TIME OF INJURY (e.g., in or about home, farm, factory, street, office bldg., erc.) 20d. INJURY OCCURRED. 20s. TIME OF INJURY (e.g., in or about home, farm, factory, street, office bldg., erc.) 20d. INJURY OCCURRED. 20s. TIME OF INJURY (e.g., in or about home, farm, factory, street, office bldg., erc.) 20d. INJURY OCCURRED. 20s. TIME OF INJURY (e.g., in or about home, farm, factory, street, office bldg., erc.) 20d. INJURY OCCURRED. 10st Injury (e.g., in or about home, farm, factory, street, office bldg., erc.) 20d. INJURY OCCURRED. 10st Injury (e.g., in or about home, farm, factory, street, office bldg., erc.) 20d. INJURY OCCURRED. 10st Injury (e.g., in or about home, farm, factory, street, office bldg., erc.) 20d. INJURY OCCURRED. 10st Injury (e.g., in or about home, farm, factory, street, office bldg., erc.) 20d. INJURY OCCURRED. 10st Injury (e.g., in or about home, farm, factory, | | | <u> </u> | Ш | _ | | stating the under- |
| STATE STAT | '_ | χ | | | | z | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was |
| TO WAS AUTOPSY PERFORMEDY PERFORMED PERFORMEDY PERFORMEDY PERFORMEDY PERFORMED PERFORMEDY PERFORMED PERFORMEDY PERFORMED PE | | ွ | | $ \ $ | | Ē | disease condition given in PART 1 (e) mere a pregnancy in last VV days |
| Depth occurred et Sometime in afternoon on the date stated above, and to the best of my knowledge, from the causes stated. 221. Signature | Ì | ٤l | | | - | | |
| The normal director and the deceased from the causes stated. 201. INJURY OCCURED STATE STATE WHILE AT WORK 1 206. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 202. INJURY OCCURED STATE STATE WHILE AT WORK 1 206. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 203. INJURY OCCURED STATE STATE WHILE AT WORK 1 206. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 204. INJURY OCCURED STATE STATE 205. INJURY OCCURED STATE STATE 206. INJURY OCCURED STATE 207. INJURY OCCURED STATE 208. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 209. INJURY OCCURED STATE 200. INJURY OCCURED STATE 201. INJURY OCCURED STATE 201. INJURY OCCURED STATE 202. INJURY OCCURED STATE 203. INJURY OCCURED STATE 204. INJURY OCCURED STATE 205. INJURY OCCURED STATE 206. INJURY OCCURED STATE 206. INJURY OCCURED STATE 207. INJURY OCCURED STATE 208. INJURY OCCURED STATE 209. INJUR | | ≝ | | | - | | 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of PART II of Item 18.) |
| Depth occurred at Sometime in afternoon the date stated above, and to the best of my knowledge, from the causes stated. 22 | | Z | | | | E _ 1 | |
| Depth occurred at Sometime in afternoon the date stated above, and to the best of my knowledge, from the causes stated. 22 | Z | ¥ | | $ \ $ | | ğ | NURY am Person found in abandoned farm home on May (. 1903) |
| The following the deceased from May 7, 1963 to May 7, 1963 and last sew him alive on XXXXXX 21. Satended the deceased from May 7, 1963 to May 7, 1963 and last sew him alive on XXXXXX 22. Signature Sometime in afternoom on the date stated above, and to the best of my knowledge, from the causes stated. 22. Signature County Coroner Trenton, Missouri 5-9-63 23. Surial, Cremation, 23b. Date 23c. Name of Cemetery or Crematory 23d. Location (City, town, or county) (State) 23a. Surial, Cremation, 23b. Date 23c. Name of Cemetery Affam. Trenton, Mo Burial Signature 23c. Name of Cemetery Affam. Trenton, Mo Trenton, Mo 23b. Burial Cremation, Mo Trenton, Mo Trent | Ž Ž | | | | | ¥ | THE PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| Depth occurred et. 221. SIGNATURE County Coroner County Co | | | | | - | | WHILE AT WORK farm, factory, street, office blog., etc.) |
| Depth occurred et. 221. SIGNATURE County Coroner County Co | Ď × × | 9 | 2 | | - | | |
| Depth occurred et. 221. SIGNATURE County Coroner County Co | 20 E | | בי בי | 1 | 1 | | Sometime in afternoon, at a data stated shows and to the best of my knowledge from the causes stated. |
| 23. ÉURIAL, CREMATION, 236. DATE 236. NAME OF CEMETERT OF CREMATION 25. DATE 25. NAME OF CEMETERT OF CREMATION TREND ON THE PROPERTY SIGNATURE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL RECD. BY LOCAL REG. 26. REGISTRAR'S SIG | — ₹ | | | | | | |
| 23e, Surial, cremation, 23b. Date 23e, Name of Cemetery Affam. Trenton, Mo Burial Stocking S | US | | 3 | | | | 224 SIGNATURE) / God God Time) |
| I T. Goadon Blackmose Tranton, Mo. 5-9-63 Frene July | _ | [ਹ | <u>ہ</u> | | | | brill College |
| I T. Goadon Blackmose Tranton, Mo. 5-9-63 Frene Jur | | | <u>.</u> | П | <u>\</u> | 23 | a booking, Cremation, 1200 Date |
| I T. Goadon Blackmose Tranton, Mo. 5-9-63 Frene July | | 2 | Z | | E | 1 | BURIAL STID TO MESTAGORA STAGORA DE LA DESISTADE SIGNATURE |
| - J. GORDON DIACKMORE I KONTON, 1910. | ļ | | Ď | | ≥ | 24 | FUNERAL DIRECTOR |
| (Licensed Embalmer's Statement on Reverse Side) | į | | - | | 100 | <u>1.</u> | GORDON DIACKMORE (RONTOM, MISS. Statement on Reverse Side) |

£961 2

04052

| I hereby certify that the body whose name | e is recorded on the reverse side of this certificate was embalmed by me, |
|---|---|
| or by | , Student Embalmer No |
| working under my personal supervision. | O4 |
| Student | Signed Blackmer |
| | Licensed Embainer No. 4602 P. O. Address TReaton, Mo. |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.